10/046901

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10 366-004

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                                                                                                                                                                                                                                                                                   |                                             |               |                              |                              |                  |     | SMALL ENTITY TYPE   |                        |     | OTHER THAN OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------|------------------------------|------------------------------|------------------|-----|---------------------|------------------------|-----|----------------------------|------------------------|
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                                                                   |                                             | 02            |                              |                              | - "              |     | RATE                | FEE                    | 1   | RATE                       | FEE                    |
| FOR                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                             | NUMBER FILED  |                              | NUMB                         | ER EXTRA         |     | BASIC FEE           | 370.00                 | OR  | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                                                                   |                                             | 8 3 minus 20= |                              | •                            | 23               |     | X\$ 9=              |                        | OR  | X\$18=                     | 7                      |
| INDEPENDENT CLAIMS                                                                    |                                                                                                                                                                                                                                                                                                                   |                                             | minus 3 =     |                              | •                            |                  |     | X42=                | 42                     | OR  | X84=                       |                        |
| MU                                                                                    | LTIPLE DEPEN                                                                                                                                                                                                                                                                                                      | DENT CLAIM PI                               | ESENT         |                              |                              |                  |     | +140=               |                        | OR  | +280= .                    |                        |
| * If the difference in column 1 is less than zero, enter "0" in colu                  |                                                                                                                                                                                                                                                                                                                   |                                             |               |                              |                              | olumn 2          |     | TOTAL               |                        | OR  | TOTAL                      |                        |
| 3                                                                                     | 1/05 C                                                                                                                                                                                                                                                                                                            | LAIMS AS A<br>(Column 1)                    | MENDE         | (Colu                        | mn 2)                        | (Column 3)       | L   | SMALL               | ENTITY                 | OR  | OTHER<br>SMALL             |                        |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |               | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                             | . 83                                        | Minus         | <del></del> 8                | 3                            | = /              |     | X\$ 9=              |                        | OR  | X\$18=                     |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                       | * 4                                         | Minus         | ***                          | <u> </u>                     | = /-             |     | X42=                |                        | OR  | X84=                       |                        |
| _                                                                                     | FIRST PRESE                                                                                                                                                                                                                                                                                                       | NTATION OF MI                               | JUI IPLE DE   | PENDEN                       | CLAIM                        |                  | ٍ ل | +140=               |                        | OR  | +280=                      |                        |
|                                                                                       | •                                                                                                                                                                                                                                                                                                                 |                                             | ••            |                              |                              |                  |     | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT, FEE        |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                   | (Column 1)                                  |               | (Colu                        | mn 2)                        | (Column 3        |     | ADDII. 1-EE (       |                        |     | 700m. ree                  |                        |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                                                                   | ' CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI                 | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                             | *                                           | Minus         | **                           |                              | =                |     | X\$ 9=              |                        | OR  | X\$18=                     |                        |
| AME                                                                                   | Independent                                                                                                                                                                                                                                                                                                       | * NTATION OF MU                             | Minus         | ***                          | CL AIM                       | =                | 4   | X42=                |                        | OR  | X84=                       | •                      |
|                                                                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                       | INTATION OF IN                              | JUITE DE      | -CIADCIA                     | CLAIN                        |                  | J   | +140=               |                        | OR  | +280=                      |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                   |                                             |               |                              |                              |                  |     | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                   | (Column 1)                                  |               | (Colu                        |                              | (Column 3        | 1   |                     |                        |     |                            |                        |
| AMENDMENT C                                                                           | 1                                                                                                                                                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |               |                              |                              | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                             | *                                           | Minus         | **                           |                              | =                |     | X\$ 9=              |                        | OR  | X\$18=                     |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                       | *                                           | Minus         | ***                          |                              | =-               |     | X42=                |                        | OR- | X84=                       |                        |
| _                                                                                     | FIRST PRESE                                                                                                                                                                                                                                                                                                       | NTATION OF M                                | ULTIPLE DE    | PENDEN                       | CLAIM                        |                  | L   |                     |                        |     |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                   |                                             |               |                              |                              |                  |     |                     |                        |     | +280=                      |                        |
| **                                                                                    | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                             |               |                              |                              |                  |     |                     |                        |     |                            |                        |